

CLAIMS ONLY

Application Number

10721730

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6	✓					
7		✓				
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13	✓					
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16	✓		✓			
17		✓		✓		
18		✓		✓		
19	✓			✓		
20		✓		✓		
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22		✓		✓		
23		✓		✓		
24	✓			✓		
25		✓		✓		
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27		✓		✓		
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Total Indep	8		2			
Total Depend	27		4			
Total Claims	35		6	A		

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						